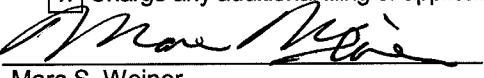


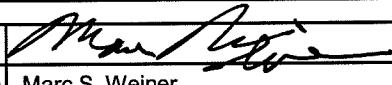
<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1155-0283PUS1	
Application No. 10/534,580-Conf. #4471	Filing Date May 11, 2005	Examiner T. Oladapo		Art Unit 1797	
Applicant(s): Ryousuke KANESHIGE et al.					
Invention: LUBRICATING OIL COMPOSITION AND LUBRICATING OIL FOR INTERNAL- COMBUSTION ENGINES					
<b>MS AF</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
3	- 20 =	0	x 52.00	0.00	
Independent Claims	1	- 3 =	0	x 220.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within second month <span style="float: right;">360.00</span>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> <span style="float: right;">360.00</span>					
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>360.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Marc S. Weiner Attorney Reg. No.: 32,181					
Dated: <u>March 17, 2009</u>					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEETRANSMITTAL</b>		Application Number	10/534,580-Conf. #4471
<b>For FY 2009</b>		Filing Date	May 11, 2005
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Ryousuke KANESHIGE
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 360.00)		Examiner Name	T. Oladapo
		Art Unit	1797
		Attorney Docket No.	1155-0283PUS1

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>																	
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																	
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>												
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>										
Utility	330	165	540	270	220	110	_____										
Design	220	110	100	50	140	70	_____										
Plant	220	110	330	165	170	85	_____										
Reissue	330	165	540	270	650	325	_____										
Provisional	220	110	0	0	0	0	_____										
<b>2. EXCESS CLAIM FEES</b>																	
<b>Fee Description</b>																	
Each claim over 20 (including Reissues)																	
Fee (\$)																	
52      26																	
Each independent claim over 3 (including Reissues)																	
Fee (\$)																	
220      110																	
Multiple dependent claims																	
Fee (\$)																	
390      195																	
<b>3. APPLICATION SIZE FEE</b>																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="0"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> </tr> <tr> <td>3</td> <td>- 20 or HP</td> <td>0</td> <td>x 52.00 = 0.00</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>							<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	3	- 20 or HP	0	x 52.00 = 0.00	Fee (\$)	Fee Paid (\$)
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>													
3	- 20 or HP	0	x 52.00 = 0.00	Fee (\$)	Fee Paid (\$)												
HP = highest number of total claims paid for, if greater than 20.																	
<table border="0"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>1</td> <td>- 3 or HP</td> <td>0</td> <td>x 220.00 = 0.00</td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	1	- 3 or HP	0	x 220.00 = 0.00			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>														
1	- 3 or HP	0	x 220.00 = 0.00														
HP = highest number of independent claims paid for, if greater than 3.																	
<b>4. OTHER FEE(S)</b>																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): 1252 Extension for response within second month 360.00*																	

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Marc S. Weiner
Registration No. (Attorney/Agent)	32,181
Telephone	(703) 205-8000
Date	March 17, 2009

\*An extension of one (1) month was previously requested and paid for on January 26, 2009 in the present application. Thus, a fee of \$360.00 is required to obtain an additional one (1) month extension.